

# Focal Segmental Glomerulosclerosis (FSGS) Clinical Trial Biological Specimen Repository Mailing Form (Form # 95)

## NIDDK Biosample Repository Contact Information

Address: Fisher BioServices  
 Attn: Heather Higgins  
 NIDDK Repository  
 20301 Century Blvd.  
 Building 6, Suite 400  
 Germantown, MD 20874

Email: BIO-NIDDKRepository@thermofisher.com

Phone: (240) 793-0353 (Heather Higgins)  
 Phone: (240-686-4702 (Sandra Ke)

Fax: (301) 515-4049

Ship samples to the address above in the mailer provided. Ship tubes on cold packs *within the shipping system*. Mondays through Thursdays, notify the repository of shipments by e-mail or by facsimile on the day the package is picked up by FedEx. For Friday shipments, please call the repository before 3:00 p.m. EDT. Send only 4.5 ml plasma separator tubes with light green caps, 4 ml serum separator tubes with gold caps and urine collection cups to the repository. Enclose this original form in the mailer. Keep a copy of this form. Data enter items 1 to 13.

### Section A: To be completed at the FSGS Participating Site:

Name and Street Address of FSGS Participating Site: \_\_\_\_\_

Provide contact name, e-mail address and phone number: \_\_\_\_\_

NIHNO			PID				ALPHCD		VISN		

1. Sample ID number (NIH Repository Site Identifier – FSGS Participant ID)
2. Alpha code (Alternate ID)
3. Visit Number
4. Date of blood collection .....(dd/mmm/yyyy) \_\_\_/\_\_\_/\_\_\_
5. Time of blood draw .....(24 hour clock) \_\_\_:\_\_\_
6. Number of 4 mL SST tubes (serum) sent to Repository .....
7. Number of 4.5 mL PST tubes (plasma) sent to Repository.....
8. Date of urine collection .....(dd/mmm/yyyy) \_\_\_/\_\_\_/\_\_\_
9. Time of urine collection.....(24 hour clock) \_\_\_:\_\_\_
10. Number of containers of urine sent to Repository .....
11. Approximate volume of urine sent to Repository (ml) .....
12. Date shipped to Repository.....(dd/mmm/yyyy) \_\_\_/\_\_\_/\_\_\_
13. Username of person completing this form.....

COLDT1  
 COLTM1  
 SENTUB1  
 SENTUB2  
 COLDT2  
 COLTM2  
 REPNUM  
 REPVOL  
 SHIPDT  
 COMPHY

Biorepository notified via: Notified by: Date of Notification: (mmm/dd/yyyy) Time: (24 hour clock)

Email \_\_\_ Fax \_\_\_

Fed Ex Tracking #: \_\_\_\_\_

### Section B: To be completed by the NIDDK Bio Repository at Fisher

Completed by \_\_\_\_\_ Date of Receipt (mmm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_

Do the ID's on this form correspond with the ID's on the vial labels? Yes \_\_\_ No \_\_\_

If not, describe the error as well as any other discrepancies and notify a supervisor \_\_\_\_\_

\_\_\_\_\_

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